

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Caring Touch ARCH/Expanded ARCH	CHAPTER 100.1
Address: 98-131 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: May 6, 2021 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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STATE OF HAWAII  
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STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.  <u><b>FINDINGS</b></u> Substitute care giver (SCG) #1 and SCG #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;"><b>PART 1</b></p> <p><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">THE CURRENT PHYSICAL EXAMINATION FOR 2021 WAS OBTAINED FOR SCG #1 AND SCG #2 AND WAS PLACED INTO THE HOME RECORDS.</p>	<p style="text-align: right;">6/05/21</p>

STATE OF HAWAII  
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.  <u>FINDINGS</u> Substitute care giver (SCG) #1 and SCG #2 - No current physical examination. <b>Submit a copy for each with the plan of correction (POC).</b>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT THIS FROM HAPPENING AGAIN, I'VE MADE A CHECKLIST OF THE NECESSARY DOCUMENTS NEEDED FOR ALL THE SUBSTITUTES. IN ADDITION TO THAT, I WILL USE A CALENDAR TO TRACK ALL DUE DATES AND WILL ALSO USE SPREADSHEETS MADE FROM MY LAPTOP TO IDENTIFY WHEN REQUIREMENTS ARE DUE TO PREVENT THEM FROM EXPIRING. LASTLY, I WILL INFORM OTHER CAREGIVERS WHEN AN ITEM IS DUE FOUR WEEKS BEFORE IT IS DUE.</p>	<p style="text-align: right;">6/05/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <u>FINDINGS</u> There was a white, oval shaped pill in the medication storage container.  The pill was removed during the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<div style="text-align: right;">             STATE OF HAWAII              DEPT. OF HEALTH              STATE LICENSING              JUL 14 2014 12:04 PM           </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            There was a white, oval shaped pill in the medication storage container.</p> <p>The pill was removed during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I WILL CHECK ALL THE MEDICATIONS IN THE LOCK BOX EVERY TIME AFTER OBTAINING MEDICATIONS TO ENSURE NOTHING IS LOOSE. I WILL ALSO MAKE SURE THAT THE BLISTER PACK IS ALWAYS SECURED.</p>	<p style="text-align: right;">5/07/21</p> <p style="text-align: right;">21 JUL 14 P12:04</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>             NOW, MEDICATION LEVOTHYROXINE IS GIVEN AT 7:30 AM, WHICH IS HALF AN HOUR BEFORE BREAKFAST. AND CALCIUM IS GIVEN AT 12:00 PM DUE TO THE TWO NOT BEING ABLE TO BE CONSUMED TOGETHER.           </p>	<p style="text-align: right;">5/07/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <u>FINDINGS</u> Resident #1 - The medication record noted that "levodihydroxine" is taken at 12 noon. The label instruction read: "Take this medication on an empty stomach preferably 1/2 to 1 hour before breakfast." The primary care giver (PCG) stated that the medication is taken with lunch.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  <u>PART 2</u>  <u>FUTURE PLAN</u>  AT THE TIME OF ADMISSION I WILL REVIEW THE MEDICATION ORDERS, READ THE LABEL ON THE MEDICATION BOTTLE AND WILL FOLLOW THE INSTRUCTIONS AND RECORD THE CORRECT TIME OF THE DAY MEDICATION IS TO BE TAKEN ON THE MEDICATION RECORD.	8/19/2024

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  <b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include observations of the following: <ul style="list-style-type: none"> <li>• Resident's tolerance to crushed medication</li> <li>• Resident's tolerance to "Glucerna 1 can BID"</li> <li>• Resident's need for and response to "ketconazole 2% cream" for rash applied daily</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<div style="text-align: right;"> STATE OF HAWAII  DOH-ONCA  STATE LICENSING </div> <div style="text-align: left;"> 21 JUL 14 PM 12:04 </div>





RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include:  Entries describing treatments and services rendered;  <b>FINDINGS</b> Resident #1 - No documentation that medication are crushed.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, THE DEFICIENCY WAS CORRECTED BY OBTAINING A DOCTOR'S ORDER FOR CRUSHED MEDICATION. ALSO GOT A NURSING DELEGATION FROM THE CASE MANAGER ON HOW TO ADMINISTER MEDICATION. CRUSHED MEDICATIONS SHOULD BE DOCUMENTED IN THE MEDICATION RECORD, INCLUDED IN THE SERVICE PLAN AND PROGRESS NOTES. A DOCTOR'S ORDER WAS FAXED TO PHARMACY SO THEY CAN CORRECT AND UPDATE THE MEDICATION RECORDS.</p> <p>TO CRUSH CAPSULES BEADS, UNSCREW THE CAPSULE POUR CONTENTS IN A PILL CRUSHER AND GRIND IT INTO A SMOOTH CONSISTENCY. PUT IN A SMALL CUP MIX WITH APPLE SAUCE THEN ADMINISTER IMMEDIATELY.</p> <p>IN THE FUTURE, I WILL MAKE SURE TO REVIEW THE DOCTOR'S ORDER, MEDICATION'S RECORD AND NURSING DELEGATIONS THAT CRUSHED MEDICATION WAS INDICATED. AND IF ANY OF THESE ARE MISSING, I WILL MAKE SURE TO OBTAIN THE COMPLETE DOCUMENTS WITHIN 48 HRS. AFTER ADMISSION.</p>	5/14/2021

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b>FINDINGS</b> Resident #1 - No documentation that medication are crushed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I WILL DOCUMENT IN THE MAR THAT THE MEDICATION IS CRUSHED .</p>	<p>8/13/2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:  Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:  Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;  <u>FINDINGS</u> Resident #1 - No documentation that ARCH policies were established with the resident, resident's family.	<p style="text-align: center;"><b>PART 1</b></p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, THE DEFICIENCY WAS CORRECTED BY INFORMING THE RESIDENT'S FAMILY BY PHONE, TEXT, &amp; THROUGH EMAIL. A WRITTEN POLICY WAS REVIEWED AGAIN WITH THE RESIDENT'S FAMILY. BOTH PARTIES AGREED AND SIGNED THE DOCUMENTS. I REMINDED THEM TO SIGN THE WRITTEN POLICIES WITHIN 24 HRS. IF NOT SIGNED AND RETURNED, I WILL INFORM THE CASE MANAGER IMMEDIATELY AND ADMISSION WILL NOT BE VALID. SIGNED POLICIES WERE RECEIVED BEFORE 24 HRS.</p>	5/08/2021

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII  
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3:  A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;  <b>FINDINGS</b> Resident #1 - No training by the registered nurse as it pertains to crushed medication, medication in capsule form and topical medication.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">NURSING DELEGATIONS FOR CRUSHED MEDICATIONS, MEDICATION IN CAPSULE FORM, AND TOPICALS WAS DONE BY RESIDENT'S CASE MANAGEMENT AGENCY AND WAS PLACED INTO RESIDENT'S RECORDS.</p>	5/14/21

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;  <u>FINDINGS</u> Resident #1 - The care plan, updated 1/18/21, did not address alternatives to monthly weights.	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>THE DEFICIENCY WAS CORRECTED BY OBTAINING AND ORDER TO USE MEASUREMENT OF UPPER ARM CIRCUMFERENCE IF UNABLE TO OBTAIN THROUGH A REGULAR WEIGHT SCALE .</p>	<p style="text-align: right;">5/14/21</p>

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Licensee's/Administrator's Signature: LP

Print Name: LESLIE ANN F. BALLESTEROS

Date: 7/12/2021

Licensee's/Administrator's Signature: LP

Print Name: LESLIE ANN F. BALLESTEROS

Date: Aug. 19, 2021

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